## PART B - FEE(S) TRANSMITTAL

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| A ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where propriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as licated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for any indications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |
| W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                  |                                                                                                                                        |                                                         |  |
| NE /N 7 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 026096 7590 02/27/2006  CARLSON, GASKEY & OLDS, P.C. 400 WEST MAPLE ROAD SUITE 350 BIRMINGHAM, MI 48009 5/03/2006 CCHAU2 00000043 030835 10726017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     | I hereby ce<br>States Post<br>addressed<br>transmitted                                                                                                                                                                                                                                        | Cert                                             | ificate of Mailing or Trans Fee(s) Transmittal is being the sufficient postage for fraction ISSUE FEE addres TO (571) 273-2885, on the |                                                         |  |
| 1 FC:<br>2 FC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1501 1400.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DA                                                                                                                                    | •                    |                                                                                                                                                                                                                                                                                                                                     | April                                                                                                                                                                                                                                                                                         | 28, 2006                                         | 1 your                                                                                                                                 | (Signature)                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       | FIRST NAMED INVE     |                                                                                                                                                                                                                                                                                                                                     | INVENTOR                                                                                                                                                                                                                                                                                      |                                                  | ATTORNEY DOCKET NO.                                                                                                                    | CONFIRMATION NO.                                        |  |
| TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10/726,017 12/02/2003<br>TLE OF INVENTION: GRILLING COMPONENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                      | Jeffrey L                                                                                                                                                                                                                                                                                                                           | . Sands                                                                                                                                                                                                                                                                                       |                                                  | 60246-297                                                                                                                              | 2647                                                    |  |
| Γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                          | ISSUE FI             | EE                                                                                                                                                                                                                                                                                                                                  | PUBLICATIO                                                                                                                                                                                                                                                                                    | N FEE                                            | TOTAL FEE(S) DUE                                                                                                                       | DATE DUE                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                    | \$1400               |                                                                                                                                                                                                                                                                                                                                     | \$300                                                                                                                                                                                                                                                                                         |                                                  | \$1700                                                                                                                                 | 05/30/2006                                              |  |
| Γ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                       | ART UNIT             |                                                                                                                                                                                                                                                                                                                                     | CLASS-SUBC                                                                                                                                                                                                                                                                                    | LASS                                             |                                                                                                                                        |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PELHAM, JOSEPH MOORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       | 3742                 |                                                                                                                                                                                                                                                                                                                                     | 219-3880                                                                                                                                                                                                                                                                                      | 00                                               |                                                                                                                                        |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e address or indication of "Follence address (or Change of 22) attached.  tion (or "Fee Address" Indiction more recent) attached. Use | Correspondence       | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Carrier Commercial Refrigeration Inc.  Charlotte, NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |
| Ple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ease check the appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e assignee category or catego                                                                                                         | ries (will not be pr | rinted on the pa                                                                                                                                                                                                                                                                                                                    | atent): 🗖 Indiv                                                                                                                                                                                                                                                                               | idual 🔲 Co                                       | rporation or other private g                                                                                                           | group entity Government                                 |  |
| 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b. Payment of Fee(s):    Same Fee   A check in the amount of the fee(s) is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached.   Advance Order - # of Copies   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number   03-0835   (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        | redit any overpayment, to (traccopy of this form).      |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the NOTE: The Issue Fee and Publication Fee (if required) will pay be accepted from anyone other than the applicant; a registered attorney or ager interest as shown by the records of the United States Patent and Trademark Office. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        | CER 1.27(a)(2)                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        | cation identified above. the assignee or other party in |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 101                                                                                                                                   | Date April 28, 2006  |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Typed or printed name Karin H. Butchko                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                      | Registration No. 45,864                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |
| Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce Officer, U.S. Patent and Trademark Officer, U.S. Patent and T |                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                        |                                                         |  |